N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 20 1937

Do not use this space.

40230

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4544
City K. C. Mo. (No. 3029 Harrison St. Ward)

2. FULL NAME Ed Crystal
(a) Residence, No. 3029 Harrison St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1907

7. AGE: 30 YEARS 30 MONTHS 9 DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez, Miss

FATHER
13. NAME Ed Crystal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER
15. MAIDEN NAME Elnora Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Elnora Jones Tutwiler, Miss

18. BURIAL, CREMATION, OR REMOVAL KCK
PLACE Westlawn Cemetery DATE 11-13-37, 19

19. UNDERTAKER (ADDRESS) Flynn + Greenstreet K.C. Mo.

20. FILED Nov 12, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 5 -, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Acute Pulmonary Edema - Hypertrophy + Dilatation Heart

Date of onset

Other contributory causes of importance: 95 B

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Bean, M. D.
(Address) Kaw